

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 6
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) CREDO SUPERPAC		FEC IDENTIFICATION NUMBER ▼ C C00507517	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Jason Freeman		Date MM / DD / YYYY 09 / 12 / 2012	
Mailing Address 1820 London Road		Amount 625.00	
City Duluth	State MN	Zip Code 55812	Transaction ID : SE.8582
Purpose of Expenditure Payroll		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 08
Name of Federal Candidate Supported or Opposed by Expenditure: RAYMOND J MR. CRAVAACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 7401.72		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee Jason Freeman		Date MM / DD / YYYY 09 / 26 / 2012	
Mailing Address 1820 London Road		Amount 625.00	
City Duluth	State MN	Zip Code 55812	Transaction ID : SE.8589
Purpose of Expenditure Payroll		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 08
Name of Federal Candidate Supported or Opposed by Expenditure: RAYMOND J MR. CRAVAACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 13151.72		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1250.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Becky Bond

Signature

[Electronically Filed]

Date

MM / DD / YYYY
09 / 27 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 2 OF 6
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
CREDO SUPERPAC

FEC IDENTIFICATION NUMBER ▼

C C00507517

Check If ☐ 24-hour report ☒ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Malinda Frevert

Date

MM / DD / YYYY
09 / 12 / 2012

Mailing Address 125 N 2nd Ave E

Apt 7

Amount

750.00

City

Duluth

State

MN

Zip Code

55805

Transaction ID : SE.8581

Purpose of Expenditure
Payroll

Category/
Type

Office Sought:

☒

House

State: MN

☐

Senate

District: 08

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

RAYMOND J MR. CRAVAACK

Calendar Year-To-Date Per Election
for Office Sought

6776.72

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Malinda Frevert

Date

MM / DD / YYYY
09 / 26 / 2012

Mailing Address 125 N 2nd Ave E

Apt 7

Amount

750.00

City

Duluth

State

MN

Zip Code

55805

Transaction ID : SE.8588

Purpose of Expenditure
Payroll

Category/
Type

Office Sought:

☒

House

State: MN

☐

Senate

District: 08

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

RAYMOND J MR. CRAVAACK

Calendar Year-To-Date Per Election
for Office Sought

12526.72

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

1500.00

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Becky Bond

[Electronically Filed]

Date

MM / DD / YYYY
09 / 27 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 3 OF 6
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
CREDO SUPERPAC

FEC IDENTIFICATION NUMBER ▼

C C00507517

Check If ☐ 24-hour report ☒ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Joseph Gallant

Date

MM / DD / YYYY
09 / 12 / 2012

Mailing Address 13 West Myrtle Street

Amount

625.00

City
Duluth

State
MN

Zip Code
55811

Transaction ID : SE.8583

Purpose of Expenditure
Payroll

Category/
Type

Office Sought:

☒ House

State: MN

☐ Senate

District: 08

☐ President

Check One:

☐ Support

☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

RAYMOND J MR. CRAVAACK

Calendar Year-To-Date Per Election
for Office Sought

8026.72

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Joseph Gallant

Date

MM / DD / YYYY
09 / 26 / 2012

Mailing Address 13 West Myrtle Street

Amount

625.00

City
Duluth

State
MN

Zip Code
55811

Transaction ID : SE.8590

Purpose of Expenditure
Payroll

Category/
Type

Office Sought:

☒ House

State: MN

☐ Senate

District: 08

☐ President

Check One:

☐ Support

☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

RAYMOND J MR. CRAVAACK

Calendar Year-To-Date Per Election
for Office Sought

13776.72

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

1250.00

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures..... ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Becky Bond

[Electronically Filed]

Date

MM / DD / YYYY
09 / 27 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 4 OF 6
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
CREDO SUPERPAC

FEC IDENTIFICATION NUMBER ▼

C C00507517

Check If ☐ 24-hour report ☒ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Impact Dialing

Date

MM / DD / YYYY

Mailing Address 3543 19th Street

Amount

125.00

City
San Francisco

State
CA

Zip Code
94110

Transaction ID : SE.8584

Purpose of Expenditure
Phones

Category/
Type

Office Sought:

☒

House

State: MN

☐

Senate

District: 08

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

RAYMOND J MR. CRAVAACK

Calendar Year-To-Date Per Election
for Office Sought

8151.72

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Impact Dialing

Date

MM / DD / YYYY

Mailing Address 3543 19th Street

Amount

625.00

City
San Francisco

State
CA

Zip Code
94110

Transaction ID : SE.8585

Purpose of Expenditure
Phones

Category/
Type

Office Sought:

☒

House

State: MN

☐

Senate

District: 08

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

RAYMOND J MR. CRAVAACK

Calendar Year-To-Date Per Election
for Office Sought

8776.72

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

750.00

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures..... ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Becky Bond

[Electronically Filed]

Date

MM / DD / YYYY

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 5 OF 6
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
CREDO SUPERPAC

FEC IDENTIFICATION NUMBER ▼

C C00507517

Check If ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

McFarland & Company

Date

MM / DD / YYYY

Mailing Address 4033 Cedar Ave S

Amount

2000.00

City State Zip Code
Minneapolis MN 55407

Transaction ID : SE.8586

Purpose of Expenditure
Strategic Consulting

Category/
Type

Office Sought: ☒ House State: MN
☐ Senate District: 08
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

RAYMOND J MR. CRAVAACK

Check One: ☐ Support ☒ Oppose

Calendar Year-To-Date Per Election
for Office Sought

10776.72

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Monique Teal

Date

MM / DD / YYYY

Mailing Address 124 E. Arrowhead Rd.

Amount

1000.00

City State Zip Code
Duluth MN 55803

Transaction ID : SE.8580

Purpose of Expenditure
Payroll

Category/
Type

Office Sought: ☒ House State: MN
☐ Senate District: 08
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

RAYMOND J MR. CRAVAACK

Check One: ☐ Support ☒ Oppose

Calendar Year-To-Date Per Election
for Office Sought

6026.72

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

3000.00

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Becky Bond

[Electronically Filed]

Date

MM / DD / YYYY

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 6 OF 6
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) CREDO SUPERPAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00507517 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M / D D / Y Y Y Y Y Y </div>	

Full Name (Last, First, Middle Initial) of Payee Monique Teal		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;"> M M / D D / Y Y Y Y Y Y </div>
Mailing Address 124 E. Arrowhead Rd.		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;"> 1000.00 </div>
City State Zip Code Duluth MN 55803		
Purpose of Expenditure Payroll	Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 08
Name of Federal Candidate Supported or Opposed by Expenditure: RAYMOND J MR. CRAVAACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;"> 11776.72 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;"></div>
Mailing Address		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;"></div>
City State Zip Code		
Purpose of Expenditure	Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;"></div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;"> 1000.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;"></div>
(c) TOTAL Independent Expenditures.....	<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;"> 8750.00 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Becky Bond

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y